

## Wages and Contributions Adjustment Sheet

State Form 47742 (R2/08-07-2002)

Employer Name	
Account Number	Quarter End Date (MM/DD/YYYY)

Employee Name	Social Security Number	Original Wages	Corrected Wages	Wage Difference	Employee Contribution Adjustment
Reason for Adjustment				Totals	

Employer Rate	
Total Employer Contributions (Rate x Total Wage Difference)	
Total Employee Contributions	
Total Adjustment	

I understand that increases in reported wages will require an additional payment including employer and employee contributions, and that decreases in reported wages will result in a credit memo, sent with our next quarterly report, applicable against our next payment.

Authorized Signature	Date
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